BEFORE THE APPEALS BOARD
FOR THE
KANSAS DIVISION OF WORKERS COMPENSATION

OLGA P. HARRIS Claimant	)	
VS.	)	
ALL ABOUT STAFFING, INC. Respondent	)	Docket No. 1,055,923
AND	)	
ACE AMERICAN INSURANCE CO. Insurance Carrier	)	

ORDER

Both parties requested review of Administrative Law Judge Kenneth J. Hursh's August 23, 2012 Award. The Board heard oral argument on January 9, 2013.

APPEARANCES

Daniel L. Doyle of Kansas City, Missouri, appeared for claimant. John R. Fox of Kansas City, Missouri, appeared for respondent and its insurance carrier (respondent).

RECORD AND STIPULATIONS

The Board has considered the record and adopts the Award's stipulations.[1]

ISSUES

Judge Hursh found claimant's average weekly wage was $126.42, and she sustained an 8% whole body functional impairment, but was not entitled to a work disability award.

Claimant requests review of the following: (1) what is her average weekly wage; (2) should Judge Hursh have considered Dr. Gerald McNamara's ratings; and (3) what is the nature and extent of disability. Claimant argues she is entitled to a 13% whole body functional impairment and a 46.5% work disability.

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[1] Egea Depo. Ex. 4, records reviewed by Dr. Egea, was retained by Dr. Egea. The Board did not have the benefit of seeing the records that Dr. Egea reviewed.

Respondent requests review of the following: (1) what is the nature and extent of claimant's disability and (2) was respondent's offer of Dr. Egea's testimony an admission of or stipulation to his credibility. Respondent argues that claimant only sustained a 7% permanent impairment to her left lower extremity. Respondent argues that Judge Hursh correctly ruled that claimant is not entitled to a work disability.

The issues for Board determination are:

(1) What is claimant's average weekly wage?

(2) Nature and extent of claimant's disability?

FINDINGS OF FACT

Claimant worked part-time for respondent, a temporary nursing agency, which provided her with p.r.n. or as needed work at Research Psychiatric Center. Claimant was paid $43.50 an hour for regular work and $45 an hour for work in a specialized unit. She also worked full-time for U.S.D. 500 as the director of nursing, making $62,985.50 on an annual basis.

Claimant got her right leg caught in a cord and fractured her left knee on April 24, 2011. Claimant described her accident:

> Well, I was working Research Psych in the Alzheimer's side of the unit and they -- we were very short-staffed of nurses, so they told us there was no bed alarms. So we had to -- there was only three of us, so we had the patients in bed. So to -- somebody had tied a cord from the patient -- from the wall to the patient's bed. So when I went to pull the patient up to turn her, my right leg got caught and flipped me and I landed on my left knee. There are not supposed to be any cords there because of suicidal attempts. So I was taken to the emergency room and that's when they told me that I had a fractured kneecap.[2]

Claimant's knee was placed into an immobilizer and she was referred to a surgeon. Respondent sent claimant to OHS Compcare on April 25, 2011, and was also seen by Gerald R. McNamara, M.D., an orthopedic surgeon, that same day. Dr. McNamara confirmed claimant's diagnosis of a fractured left kneecap. He kept claimant in the immobilizer, advised her to use crutches and do sit-down work only.

When claimant returned to Dr. McNamara on May 9, 2011, she still had swelling and discomfort over the fractured kneecap. X-rays revealed that the two fracture pieces were in alignment with some interval healing. Dr. McNamara allowed claimant to return to work on May 10, 2011, without crutches, but still needing to wear the immobilizer.

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[2] P.H. Trans. at 5-6.

Around May 12, 2011, claimant called Dr. McNamara's office due to pain going from her low back and right buttock down her right leg.[3] Claimant testified that Dr. McNamara's nurse attributed her pain to overcompensating because of the brace. The nurse told claimant to resume using crutches.

Claimant also went to her chiropractor, John J. Schmidt, D.C., on May 12, 2011, for pain going down her right leg. She did not mention her work injury, but she reported moderate low back pain after being in a knee brace for two weeks. She had positive SLR testing.[4]

Claimant testified that in the seven months before her accident, she was doing better and improving until May 12, 2011, when she had pain down her right leg that she never experienced before. Claimant testified Dr. Schmidt attributed her right leg pain to overcompensating due to wearing a brace and using crutches.

Claimant's next visit with Dr. McNamara occurred on May 25, 2011. Claimant had pain above and below the left kneecap. Claimant had limited left knee range of motion. Dr. McNamara prescribed physical therapy for claimant's left knee.

Claimant returned to Dr. McNamara on June 15, 2011. Claimant had pain upon palpation over her sacroiliac joint (SI joint) and greater trochanter, as well as her left knee. Dr. McNamara prescribed continued physical therapy for claimant's left knee, in addition to her right SI joint. He also released claimant to return to her full job duties with no restrictions.

On June 17, 2011, respondent denied authorizing Dr. McNamara's suggested physical therapy for claimant's right SI joint.

When seen by Dr. Schmidt on June 22, 2011, claimant reported moderate right lower back pain after wearing a brace on her leg. SLR testing continued to be positive.

At claimant's June 27, 2011 visit with Dr. Schmidt, she still had subjective complaints of mild low back pain, but with pain into her right lateral thigh.

According to a July 11, 2011 handwritten note completed by Deb Champlain, a workers compensation coordinator with Dr. McNamara's office, Dr. McNamara attributed claimant's SI symptoms to overcompensation from using crutches and the immobilizer.

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[3] R.H. Trans., Cl. Ex. 2 at 32.

[4] Schmidt Depo. at 31. A positive SLR test may be indicative of a nerve root, disk or facet joint injury, in this case pertaining to the low back or lumbar spine. *Id.* at 33, 36-37.

On July 13, 2011, Dr. McNamara found claimant had mild discomfort over her kneecap and also mild SI pain. The x-rays taken revealed a healed patellar fracture with good alignment. Claimant had a normal gait pattern. Dr. McNamara opined that claimant reached maximum medical improvement (MMI). He suggested that claimant continue her home exercise program.

On July 19, 2011, an insurance adjuster called Dr. McNamara's office and authorized physical therapy for claimant's low back.

On August 3, 2011, claimant had complaints of lumbar spine pain, along with numbness and tingling in her right hip and right leg, when she saw Dr. McNamara. Dr. McNamara did not find anything abnormal. X-rays revealed spondylolisthesis at L4-5. Claimant was to continue the anti-inflammatory medication and have physical therapy or chiropractic therapy for her low back. Dr. McNamara's staff called the adjuster for approval of "lumbar therapy with [c]hiropractor," which was denied, noting that physical therapy at OHS Compcare was approved.[5] Claimant was released to full duty without restrictions.

By August 8, 2011, the adjuster approved the chiropractic therapy recommended by Dr. McNamara.

Over the course of ten chiropractic visits from July 1 through August 10, 2011, Dr. Schmidt recorded that claimant had nominal, minimal or very mild low back pain, but still had a positive SLR test.

Claimant was involved in a car accident on August 12, 2011. She was rear-ended while waiting at a stop light and suffered a neck injury and headache. Dr. Schmidt provided treatment for claimant's neck, mid back and low back. Dr. Schmidt testified that claimant's lumbar spine was affected by the motor vehicle accident.

On August 15, 2011, claimant complained to Dr. Schmidt about right hip pain for the first time. By August 31, 2011, claimant advised Dr. Schmidt that she had nominal low back pain.

On September 8, 2011, claimant complained to Dr. McNamara of occasional lumbar discomfort, but that chiropractic treatments had helped. Other than her discomfort, claimant's low back was normal on physical examination and her left knee ligaments were stable. Dr. McNamara recorded mild right SI pain. Dr. McNamara allowed claimant to continue the chiropractic treatments for two more weeks.

On September 12, 2011, claimant advised Dr. Schmidt that she had increased back pain after bending and twisting while cleaning.

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[5] R.H. Trans., Cl. Ex. 2 at 9.

On October 6, 2011, claimant reported mild right greater trochanteric area pain to Dr. McNamara. SLR testing was negative. Dr. McNamara diagnosed L4-5 spondylolisthesis with radicular symptoms, healed patellar fracture and improved right SI joint pain. Dr. McNamara released claimant to full duties, again at MMI.

In an October 27, 2011 letter, Dr. McNamara rated claimant's left lower extremity at a 7% permanent impairment and a 0% impairment for her low back, noting claimant's L4-5 spondylolisthesis was preexisting. Dr. McNamara did not cite the AMA *Guides*[6] (hereinafter *Guides*) in his rating report.

Claimant had additional chiropractic treatment in October and November 2011. By November 14, 2011, claimant had nominal low back pain. Dr. Schmidt found her to be at MMI on November 30, 2011, at least from the effects of the car accident.[7] Claimant's SLR test was negative on both sides.

Claimant had very mild low back pain when seen by Dr. Schmidt on December 22, 2011. She also had minimal left and right leg pain. SLR testing was negative.

Fernando Egea, M.D., examined claimant on December 27, 2011, at claimant's attorney's request. The doctor reviewed claimant's medical records, took a history and performed a physical examination. Dr. Egea found claimant had right SI joint pain and paraspinal muscle spasms. Based on the *Guides*, Dr. Egea found claimant had a 7% impairment to the left lower extremity due to a non-displaced fracture of the patella and a 10% whole body impairment due to lumbosacral radiculopathy. Dr. Egea opined claimant's low back impairment developed as a result of "use of crutches and gait difficulties."[8] Due to her low back, the doctor placed permanent restrictions on claimant of no lifting greater than 20 pounds, no frequent lifting greater than 10 pounds, no frequent bending, turning, or twisting, and no walking or standing over 30 minutes without resting for 10 minutes.

Between January 4 and March 9, 2012, claimant was treated by Dr. Schmidt 14 times. Dr. Schmidt termed claimant's low back pain at these evaluations as mild, nominal and/or minimal. Claimant's SLR test was negative bilaterally at all of these evaluations.

Claimant still treats with Dr. Schmidt for mid back spasms, but not for her low back.[9]

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[6] American Medical Ass'n, *Guides to the Evaluation of Permanent Impairment* (4th ed.). All further references to the *Guides* are based upon the fourth edition of the AMA *Guides*.

[7] Schmidt Depo. at 70-71.

[8] Egea Depo., Ex. 5 at 2.

[9] R.H. Trans. at 57.

Claimant's Preexisting Low Back Condition

Claimant admitted low back spasms and pain, sometimes very severe, before her work accident. Her primary care physician, Dr. Linda Singh, prescribed Tramadol for such condition. Claimant could not function while taking Tramadol, so Dr. Singh suggested chiropractic adjustments, perhaps two years before claimant's work accident.

Claimant slipped and fell in the shower in September 2010 and injured her back. Claimant testified that she began seeing Dr. Schmidt on September 27, 2010, due to his offer of a free consultation and the fact that she was having back spasms and cramps and spasms in her legs.

Dr. Schmidt's September 27, 2010 records noted claimant was seen due to an approximate two-year history of intermittent pain down into both legs, including tingling and burning sensation which was worse when she stood, as well as having fallen in the shower one week earlier. SLR testing was positive. X-rays of claimant's lumbar spine revealed mild disk thinning at the L4-5 disk space and spondylolisthesis of L4 on top of L5.

By November 8, 2010, claimant was complaining to Dr. Schmidt of severe low back pain, right leg pain and right ankle burning. SLR testing was positive. Claimant's examination revealed that she had a nerve root and a facet joint being affected in her lower back. Claimant testified that her right leg symptoms resolved after Dr. Schmidt's treatment that very day.

As of the November 15, 2010 visit, claimant had mild low back pain, but her SLR test was negative. Dr. Schmidt testified that a patient can have a positive SLR test one day and the next day it could be negative. By November 29, 2010, claimant reported nominal low back pain to Dr. Schmidt.

On December 8, 2010, when claimant returned to see Dr. Schmidt, she reported that her low back pain was worse due to moving boxes. She voiced bilateral leg pain. SLR testing was negative. Claimant's low back pain was mild with negative SLR on December 23, 2010, and January 7, 2011, but she had moderate low back pain on January 28 and February 25, 2011. SLR testing remained negative.

By April 18, 2011, claimant reported to Dr. Schmidt that she had moderate low back pain. Dr. Schmidt diagnosed claimant with lumbar radiculitis. Dr. Schmidt testified claimant had radiation of pain into both legs in a dermatomal pattern. On April 21, 2011, claimant reported that she had mild low back pain which had improved slightly since her last visit. SLR testing remained negative. Prior to claimant's April 24, 2011 accident, Dr. Schmidt had adjusted claimant's low back on 18 occasions.

Claimant differentiated her pre-accident and post-accident physical condition, symptoms and treatment with Dr. Schmidt:

> Q. Now, can you compare the reason why you were going to the chiropractor September 27th through May the 12th [2011] with what happened after May the 12th?
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> A. The reason I'm going to the chiropractor again, like I said, it was to strengthen my back. So I was having some mid back discomfort and cramping and spasms in my legs. So the doctor would readjust me. I would be fine. After the injury with wearing the brace, on May 12th I had called because I had severe pain going down my right leg, which was totally different than my back spasms. And so that's when I called right away to tell them, there's something wrong going on, and I just wanted to make sure. I had the brace on or I was doing the crutches, but the pain was there. It was constant.[10]

Additional Medical Evidence

Dr. Schmidt testified on July 13, 2012. He agreed with respondent's counsel that there was no "particular discernible difference" in claimant's low back pain complaints throughout her treatment and that her low back pain complaints were "fairly consistent."[11] Dr. Schmidt also testified that there did not "appear to be any change at all" in terms of claimant's "diagnosis," "problems" and "issues" between the time he saw her in April 2011 before her work accident and when he saw her in May 2011 after her work accident.[12] Dr. Schmidt agreed claimant had a negative SLR test for six months before her work accident and such testing was positive for three and one-half months after the accident. Dr. Schmidt testified that claimant's symptoms waxed and waned over the years, including whether her SLR test was positive or negative. Dr. Schmidt agreed that claimant's work accident caused an aggravation, overcompensation or a flare-up, but it was only a temporary aggravation of her back discomfort, which returned to baseline status after chiropractic adjustments.[13] Dr. Schmidt further noted that claimant had right hip pain from using the knee brace and crutches, but he only noted such complaint once, which he termed as a "temporary symptom" and not a "long-term problem."[14]

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[10] *Id*. at 20-21.

[11] Schmidt Depo. at 87-88.

[12] *Id*. at 91.

[13] *Id.* at 106.

[14] *Id*. at 107-08.

Dr. McNamara testified on July 30, 2012. Dr. McNamara opined:

> I felt that she had had a temporary problem due to the immobilizer causing increase in pain and discomfort, that this was improved with the therapy and chiropractic care, and that she should not have any long-term issues from the right sacroiliac joint area and low-back complaints from her -- related to her injury.[15]

Dr. McNamara agreed claimant's work injury caused an aggravation of her preexisting spondylolisthesis, but such aggravation was temporary, not permanent. He opined that her temporarily worsened low back complaints resolved and she returned to her prior baseline status.[16] Dr. McNamara further opined that claimant would not need future low back medical treatment due to wearing a knee immobilizer and using crutches.

Dr. Egea testified in line with his report. Dr. Egea further testified that claimant had no preexisting low back impairment, even though she had prior low back pain and had not been released from chiropractic treatment before her work injury. Dr. Egea characterized claimant's radiculopathy as permanent because she did not have a positive SLR test before her work accident, but did thereafter, and it never stopped being positive.[17]

Dr. Egea opined claimant could not perform eight of the 15 tasks identified by Dick Santner for a 53% task loss.[18]

Average Weekly Wage Evidence

In the 26 weekly pay periods identified on claimant's wage statement, claimant only worked in four pay periods in October and November 2010. She basically did not work for respondent for four and one-half months until around the time of her accident. Claimant testified at the July 25, 2011 preliminary hearing that she did not work much because the hospital's census was low and only night shifts were available, which she declined.

At the June 14, 2012 regular hearing, claimant testified that she did not have any working hours with respondent from late-November 2010 through April 2011 because she took an "extended leave of absence"[19] to take care of her husband's MRSA infection:

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[15] McNamara Depo. at 52.

[16] *Id*. at 66-67, 69-71.

[17] Egea Depo. at 111-13.

[18] Mr. Santner, a vocational expert, interviewed claimant on April 5, 2012, at claimant's attorney's request. He prepared a list of 15 nonduplicative tasks she performed in the 15-year period before her injury.

[19] R.H. Trans. at 7.

Q. Okay. And so why are all these zeros on that wage statement?

A. Well, I took a leave of absence to take care of him since I'm a nurse. I took care of the wound and also being a nurse, I knew with MRSA I couldn't go back into the hospital because patients that are weak or have weak immune systems, they won't let me near if they found out he had MRSA. So I didn't tell them about it. I just stayed with him at home to take care of him.

Q. Okay. Now, why did you work on Easter?

A. Well, I had called All About and they told me that I had to work a day within that six-month period, otherwise I would lose my job. So I knew on Easter Sunday the staffing would be low because people like the holidays off, so I picked that day to work, and that's what happened.[20]

Claimant had not testified about her husband's MRSA infection or taking a leave of absence to stay home and care for him at the preliminary hearing. She testified that she did not work for respondent because she wanted to care for her husband and because the census was low. She testified at the regular hearing that she could decline available work for any reason. Claimant is no longer employed by respondent. Her last day worked was the day of her accident. She never took any leave from her full-time job.

Judge Hursh concluded:

1. claimant's "leave of absence" testimony was not credible and her average weekly wage was $126.42 by dividing $3,286.83 in earnings by 26 weeks;

2. claimant had a 7% impairment to her left lower extremity and a 5% whole body impairment for her low back for an overall 8% whole body rating, but she not entitled to a work disability award because her post-injury weekly earnings exceeded her average weekly wage; and

3. respondent was responsible for up to $500 for unauthorized medical for claimant's chiropractic treatment. Claimant could seek additional medical treatment on a post-award basis.

PRINCIPLES OF LAW

In workers compensation litigation, it is the claimant's burden to prove his or her entitlement to benefits by a preponderance of the credible evidence.[21]

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[20] *Id*. at 8-9.

[21] K.S.A. 2010 Supp. 44-501 & K.S.A. 2010 Supp. 44-508(g).

K.S.A. 44-510d states in part:

(a) . . . If there is an award of permanent disability as a result of the injury there shall be a presumption that disability existed immediately after the injury and compensation is to be paid for not to exceed the number of weeks allowed in the following schedule:

. . .

(16) For the loss of a leg, 200 weeks.

. . .

(23) Loss of a scheduled member shall be based upon permanent impairment of function to the scheduled member as determined using the fourth edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, if the impairment is contained therein.

(b) Whenever the employee is entitled to compensation for a specific injury under the foregoing schedule, the same shall be exclusive of all other compensation except [medical benefits], and no additional compensation shall be allowable or payable for any temporary or permanent, partial or total disability . . . .

K.S.A. 44-510e(a) states in part:

Permanent partial general disability exists when the employee is disabled in a manner which is partial in character and permanent in quality and which is not covered by the schedule in K.S.A. 44-510d and amendments thereto. . . . Functional impairment means the extent, expressed as a percentage, of the loss of a portion of the total physiological capabilities of the human body as established by competent medical evidence and based on the fourth edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, if the impairment is contained therein. An employee shall not be entitled to receive permanent partial general disability compensation in excess of the percentage of functional impairment as long as the employee is engaging in any work for wages equal to 90% or more of the average gross weekly wage that the employee was earning at the time of the injury.

K. S. A. 2010 Supp. 44-511 states:

(a)(3) The term "wage" shall be construed to mean the total of the money and any additional compensation which the employee receives for services rendered for the employer in whose employment the employee sustains an injury by accident arising out of and in the course of such employment.

. . .

> (b) The employee's average gross weekly wage for the purpose of computing any compensation benefits provided by the workers compensation act shall be determined as follows:
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> . . .
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> (4) If at the time of the accident the employee's money rate was fixed by the hour, the employee's average gross weekly wage shall be determined as follows: (A) If the employee was a part-time hourly employee, as defined in this section, the average gross weekly wage shall be determined in the same manner as provided in paragraph (5) of this subsection . . . .
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> . . .
>
> (5) . . . the average gross weekly wage shall be the gross amount of money earned during the number of calendar weeks so employed, up to a maximum of 26 calendar weeks immediately preceding the date of the accident, divided by the number of weeks employed, or by 26 as the case may be . . . . In making any computations under this paragraph (5), workweeks during which the employee was on vacation, leave of absence, sick leave or was absent the entire workweek because of illness or injury shall not be considered.

ANALYSIS

(1) Claimant's Average Weekly Wage Was $126.42.

Claimant argues for an average weekly wage of $821.70 by excluding 22 of the 26 weeks listed on her wage statement and dividing the total earnings by the four weeks that she worked. In *Elder*, the Supreme Court interpreted K.S.A. 44-511(b)(5) as follows:

> Claimants initially argue that 44-511(b)(5) requires that any week when the worker is absent the entire week and performs no work, regardless of the reason for his or her absence, shall not be considered in the computation of average weekly wage. This particular argument is without merit. The statute clearly states that for the exclusion to apply, the absence must be due to vacation, leave of absence, sick leave, illness, or injury.[22]

Claimant did not meet her burden of proof to establish that her absences were due to vacation, leave of absence, sick leave, illness, or injury as required by the statute. Claimant's testimony varied as to why she was not at work, ranging from lack of work, the need to care for her husband's illness or her unwillingness to work night shifts. The Board affirms Judge Hursh's ruling that claimant's average weekly wage was $126.42.

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[22] *Elder v. Arma Mobile Transit Co.*, 253 Kan. 824, 827, 861 P.2d 822 (1993).

(2) Claimant Has a 7% Functional Impairment to the Left Lower Extremity; She is not Entitled to a Work Disability Award.

The percentage of functional impairment is to be determined using the fourth edition of the *Guides* if the impairment is contained therein.[23] The Board may discredit or not consider evidence of functional impairment that is not based on the proper edition of the *Guides.*[24] Dr. McNamara did not indicate his ratings were in accordance with the *Guides*. The Board is not affording any weight to his ratings.

Claimant's low back pain when she started treating with Dr. Schmidt in September 2010, well before her work accident, was very severe. Dr. Schmidt's 2012 records, well after her work accident, show that claimant's low back pain was mild, nominal and minimal. It is difficult to grasp how claimant's low back condition was permanently worsened following her work accident. Both Drs. Schmidt and McNamara only identified a *temporary* aggravation of a preexisting condition. Claimant did not prove a permanent whole body injury. Dr. Egea's conclusion that claimant had permanent low back impairment, based in part on the presence of a positive SLR test that never went away, is not supported by the medical evidence.

Claimant is not entitled to a work disability award. She only proved permanent impairment involving the schedule, K.S.A. 44-501d. Additionally, K.S.A. 44-510e only allows an award of work disability where a claimant is not earning 90% or more of her average weekly wage at the time of the injury. Claimant's post-injury wage was $1,208.01 per week from her job at U.S.D. 500 ($62,985.50 ÷ 52.14 = $1,208.01). Her pre-injury average weekly wage was $126.42.[25] She did not have at least a 10% wage loss.

CONCLUSIONS

The Board finds that Judge Hursh's Award should be modified. Claimant is limited to a 7% impairment to the left lower extremity, as based on Dr. Egea's opinion. The Board does not find Dr. Egea's opinion that claimant has permanent low back impairment to be persuasive in light of both Drs. Schmidt and McNamara concluding that claimant's accident resulted in a temporary aggravation of a preexisting low back condition.

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[23] K.S.A. 44-510d(a)(23) & K.S.A. 44-510e(a).

[24] *Alaniz v. Dillon Companies, Inc.*, No. 1,045,557, 2013 WL 1876333 (Kan WCAB Apr. 2, 2013), and *Billionis v. Superior Industries*, No. 1,037,974, 2011 WL 4961951 (Kan. WCAB Sep. 15, 2011).

[25] While claimant argues her pre-injury average weekly wage was $2,032.96 by aggregating her full-time earnings from U.S.D. 500 with alleged earnings of $821.70 from respondent, the statutory definition of average weekly wage only includes earnings from respondent. It is not relevant that claimant had earnings from U.S.D. 500 before her accident. This is not a situation where wages from several part-time and similar employments are added together under K.S.A. 44-511(b)(7).

As required by the Workers Compensation Act, all five members of the Board have considered the evidence and issues presented in this appeal.[26] Accordingly, the findings and conclusions set forth above reflect the majority's decision and the signatures below attest that this decision is that of the majority.

AWARD

WHEREFORE, it is the Board's decision that the Award of Administrative Law Judge Kenneth J. Hursh dated August 23, 2012, is modified as noted above.

The claimant is entitled to 7.14 weeks of temporary total disability compensation at the rate of $84.28 per week in the amount of $601.76 followed by 13.5 weeks of permanent partial disability compensation, at the rate of $84.28 per week, in the amount of $1,137.78 for a 7% loss of use of the leg, making a total award of $1,739.54.

IT IS SO ORDERED.

Dated this _____ day of May 2013.

_____
BOARD MEMBER

_____
BOARD MEMBER

_____
BOARD MEMBER

c: Daniel L. Doyle, Attorney for Claimant,
d.doyle@swrllp.com

John R. Fox, Attorney for Respondent and its Insurance Carrier,
krice@fsqlaw.com

Honorable Kenneth J. Hursh

[26] K.S.A. 2012 Supp. 44-555c(k).